

300 N. Flower Street Rm. 122 Santa Ana, CA 92703 Phone: (714) 834-2626

Fax: (714) 834-4772

RESIDENTIAL TRACT BUILDING PERMIT APPLICATION WORKSHEET

Project Name:		Trust Account #:
Parcel #/Tract #:	Lot #:	
Street Address:		
	Builder	Contact Person
Name:		
Address:		
Phone:		
Fax		
Residential type (circle one): SF	R / Detached Condo Apar	tment / MFR
# Units: # Build	ings: # Elec	etric Service Meters:
Plan types and options:(Master submittals require square fo	otage of dwelling, patio and ga	rage.)
Check one: Master submittal or	Repeat submittal	
Master RT#: (Repeat submit	tals to include master RT # for	each plan type. Attach additional sheets as needed.)
Zoning District/Planning Area Number	ber:	
Area Plan Number*:		er*:
*Note: Attach any conditions of app	proval from the above and the s	ubdivision map staff report.
Setbacks (Required/Provided)*	vided)* Height*:	
Front:/	# Parking Spaces (Required/Provided)*:/	
Rt. Side:/		
Lt. Side: *Nor	te: if zoning standards have mo	dified, state source here:
Rear:/		
I certify the above information to be acc	urate and complete:	
Appl	icant's Signature	 Date